

Reference Copy Only. Do Not Mail to the FCC as an Application.

Submitted: 07/13/2007 at 08:39:38

File Number: 0003092377

FCC 603
Main Form

FCC Application for Assignments of Authorization and Transfers of Control: Wireless Telecommunications Bureau Public Safety and Homeland Security Bureau

Approved by OMB
3060 - 0800
See instructions for
public burden estimate

General Information

1) Application Purpose (Select only one) (TC)	
AA - Assignment of Authorization TC - Transfer of Control	AM - Amendment WD - Withdrawal
NT - Required Notification (For Consummation of an Assignment or Transfer) EX - Request for Extension of Time (To Consummate an Assignment or Transfer)	
2) If this application is for an Amendment (AM) or Withdrawal (WD), enter the File Number of the pending or consented to application currently on file with the FCC.	File Number:
3a) Is this application for Assignment of Authorization or Transfer of Control part of a series of applications involving other wireless license(s) held by the licensee, affiliates of the licensee (e.g., parents, subsidiaries, or commonly-controlled entities), or third parties that are not included on this application and for which Commission approval or notification is required?	(Y) Yes No
3b) If the answer to 3a is 'Y', provide the File Number of the lead application.	File Number: 0003092368
3c) Does this application for Assignment of Authorization or Transfer of Control involve the assignment or transfer of non-wireless licenses/authorizations for which Commission approval or notification is required?	(Y) Yes No
4) Are attachments being filed with this application?	(Y) Yes No

Fees and Waivers

5a) Is the applicant exempt from FCC application fees? If 'Y', attach an exhibit justifying how the applicant is exempt from FCC application fees.	(N) Yes No
5b) Is a waiver/deferral of the FCC application fees being requested and the application fees are not being submitted in conjunction with this application? If 'Y', attach a date-stamped copy of the request for waiver/deferral of the FCC application fees.	(N) Yes No
6a) Does this application include a request for waiver of the Commission's rules (other than a request for application fee waivers)? If 'Y', attach an exhibit specifying the rule section(s) for which a waiver is being requested and including a justification for the waiver request.	(N) Yes No
6b) If 6a is 'Y', enter the number of rule sections involved.	Number of Rule Sections: _____

Additional Transaction Information

7) Has this application for Assignment of Authorization or Transfer of Control already occurred?	(N) Yes No
8a) The Assignment of Authorization or Transfer of Control is:	(X) Voluntary () Involuntary
8b) If 8a is 'Involuntary', provide the date that the event occurred:	(MM/DD/YYYY) / /
9a) Is this application a <i>pro forma</i> Assignment of Authorization or Transfer of Control?	(N) Yes No
9b) If 9a is 'Y', is this a post notification that is being filed under the Commission's forbearance procedures pursuant to Section 1.948(c)(1) of the Commission's Rules?	() Yes No
9c) If 9b is 'Y', provide the consummation date of the Assignment of Authorization or Transfer of Control.	(MM/DD/YYYY) / /
10a) Does this application involve the partitioning and/or disaggregation of geographic-area licenses? If 'Y', complete Schedule B and, if applicable, Schedule C.	() Yes No
10b) If 10a is 'N', does this application involve the partial assignment of site-based licenses?	() Yes No

11) How will/has the Assignment of Authorization or Transfer of Control be/been accomplished? Select One: (<u>T</u>)		
<u>Sale</u> or other assignment of assets	<u>Court</u> order	<u>Reorganization</u> or liquidation
<u>Transfer</u> of stock or other ownership interests		
<u>Other</u> (voting trust agreement, management contract, etc.): _____		

Designated Entity Information (If 12a, 12b or 12c is 'Y', Schedule A is required to be completed.)

12a) Does this application for Assignment of Authorization or Transfer of Control involve any licenses that were originally awarded with bidding credits within the last five years?	(<u>N</u>) <u>Yes</u> <u>No</u>
12b) Does this application for Assignment of Authorization or Transfer of Control involve any licenses that were originally subject to the Commission's installment payment plan?	(<u>Y</u>) <u>Yes</u> <u>No</u>
12c) Does this application for Assignment of Authorization or Transfer of Control involve any licenses that were originally granted pursuant to closed bidding within the last five years?	(<u>N</u>) <u>Yes</u> <u>No</u>

Competition-Related Information

13) Does this application for Assignment of Authorization or Transfer of Control involve a license(s) that may be used for interconnected mobile voice and/or data services that would, if assigned or transferred, create a geographic overlap with another license(s) in which the Assignee/Transferee already holds direct or indirect interests (of 10 percent or more), either as a licensee or spectrum lessee/sublessee, and that also could be used to provide interconnected mobile voice and/or data services?	(<u>Y</u>) <u>Yes</u> <u>No</u>
14a) Does the Assignee/Transferee hold direct or indirect interests (of 10 percent or more) in any entity that already has access to 10 MHz or more spectrum in the Cellular Radiotelephone, broadband PCS, or Specialized Mobile Radio (SMR) services through license(s), lease(s), or sublease(s) in the same geographic area?	(<u>Y</u>) <u>Yes</u> <u>No</u>
14b) Would/does this application for Assignment of Authorization or Transfer of Control reduce the number of entities providing service (using spectrum in any of the three services listed in item 14a) in the affected market(s)?	(<u>Y</u>) <u>Yes</u> <u>No</u>

Broadband Radio Service and Educational Broadband Service Information

15a) Will the requested facilities be used to provide multichannel video programming?	() <u>Yes</u> <u>No</u>
15b) If 15a is 'Y', does the Assignee/Transferee operate, control or have attributable interest (as defined in Section 27.1202 of the Commission's Rules) in a cable television system whose franchise area is located within the geographic area of the requested facilities? If 'Y', provide an exhibit explaining how the Assignee/Transferee complies with Section 27.1202 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission's Rule(s) is being requested, 6a must be answered 'Y'.	() <u>Yes</u> <u>No</u>
16) Does the Assignee/Transferee comply with the programming requirements contained in Section 27.1203 of the Commission's Rules? If 'N', provide an exhibit explaining how the Assignee/Transferee complies with Section 27.1203 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission's Rule(s) is being requested, 6a must be answered 'Y'.	() <u>Yes</u> <u>No</u>

Assignor/Licensee Information

17) Assignor/Licensee is a(n): (Select One)					
<input type="checkbox"/> Individual	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Trust	<input type="checkbox"/> Government Entity	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Limited Liability Company
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Consortium		
<input type="checkbox"/> Other: _____					
18) FCC Registration Number (FRN): 0008951170					
19) First Name (if individual):		MI:	Last Name:		Suffix:
20) Legal Entity Name (if not an individual): HIGHLAND CELLULAR, LLC					
21) Attention To: RONALD L. RIPLEY					
22) P.O. Box:		And /Or	23) Street Address: 14201 WIRELESS WAY		
24) City: OKLAHOMA CITY			25) State: OK	26) Zip Code: 73134	
27) Telephone Number: (405)529-8500			28) Fax Number: (405)529-8765		
29) E-Mail Address:					

30) Demographics of Assignor/Licensee (Optional):

Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Assignor/Licensee Contact Representative

31) First Name: LAWRENCE		MI: J	Last Name: MOVSHIN		Suffix:
32) Company Name: WILKINSON BARKER KNAUER, LLP					
33) Attention To:					
34) P.O. Box:		And /Or	35) Street Address: 2300 N STREET, N.W., SUITE 700		
36) City: WASHINGTON			37) State: DC	38) Zip Code: 20037	
39) Telephone Number: (202)783-4141			40) Fax Number: (202)783-5851		
41) E-Mail Address: LMOVSHIN@WBKLAW.COM					

Transferor Information (for Transfers of Control only)

42) Transferor is a(n): (Select One)			
<input type="checkbox"/> Individual	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Trust	<input type="checkbox"/> Government Entity
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company		
<input type="checkbox"/> General Partnership	<input checked="" type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Consortium
<input type="checkbox"/> Other: _____			
43) FCC Registration Number (FRN): 0008876229			
44) First Name (if individual):	MI:	Last Name:	Suffix:
45) Legal Entity Name (if not an individual): DOBSON CC LIMITED PARTNERSHIP			
46) Attention To: RONALD L. RIPLEY			
47) P.O. Box:	And /Or	48) Street Address: 14201 WIRELESS WAY	
49) City: OKLAHOMA CITY		50) State: OK	51) Zip Code: 73134
52) Telephone Number: (405)529-8500		53) Fax Number: (405)529-8765	
54) E-Mail Address:			

55) Demographics of Transferor (Optional):

Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Transferor Contact Representative

56) First Name: LAWRENCE	MI: J	Last Name: MOVSHIN	Suffix:
57) Company Name: WILKINSON BARKER KNAUER, LLP			
58) Attention To:			
59) P.O. Box:	And /Or	60) Street Address: 2300 N STREET, N.W., SUITE 700	
61) City: WASHINGTON		62) State: DC	63) Zip Code: 20037
64) Telephone Number: (202)783-4141		65) Fax Number: (202)783-5851	
66) E-Mail Address: LMOVSHIN@WBKLAW.COM			

Assignee/Transferee Information

67) Assignee/Transferee is a(n): (Select One)			
<input type="checkbox"/> Individual	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Trust	<input type="checkbox"/> Government Entity
<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company		
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Consortium
<input type="checkbox"/> Other: _____			
68) FCC Registration Number (FRN): 0005193701			
69) First Name (if individual):	MI:	Last Name:	Suffix:
70) Legal Entity Name (if not an individual): AT&T Inc.			
71) Attention To: William R. Drexel			
72) Real Party in Interest FCC Registration Number (FRN): 0005193701			
73) Name of Real Party in Interest: AT&T Inc.			
74) P.O. Box:	And /Or	75) Street Address: 175 East Houston, Room 242	
76) City: San Antonio		77) State: TX	78) Zip Code: 78205
79) Telephone Number: (210)351-5360		80) Fax Number: (210)370-1283	
81) E-Mail Address: william.drexel@att.com			

82) Demographics of Assignee/Transferee (Optional):

Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Assignee/Transferee Contact Representative (if other than Assignee/Transferee)

83) First Name:	MI:	Last Name:	Suffix:
84) Company Name: AT&T Inc.			
85) Attention To: William R. Drexel			
86) P.O. Box:	And /Or	87) Street Address: 175 East Houston, Room 242	
88) City: San Antonio		89) State: TX	90) Zip Code: 78205
91) Telephone Number: (210)351-5360		92) Fax Number: (210)370-1283	
93) E-Mail Address: william.drexel@att.com			

Ownership Disclosure Information

94a) Is the Assignee/Transferee required to file FCC Form 602, Ownership Disclosure Information for the Wireless Telecommunications Services?	(<u>Y</u>) <u>Yes</u> <u>No</u>
94b) If 94a is 'Y', provide the File Number of the FCC Form 602 that is required to be submitted in conjunction with this application or already on file with the FCC.	File Number: <u>0003107610</u>

Alien Ownership Information

95) Is the Assignee/Transferee a foreign government or the representative of any foreign government?	(<u>N</u>) <u>Yes</u> <u>No</u>
96) Is the Assignee/Transferee an alien or the representative of an alien?	(<u>N</u>) <u>Yes</u> <u>No</u>
97) Is the Assignee/Transferee a corporation organized under the laws of any foreign government?	(<u>N</u>) <u>Yes</u> <u>No</u>
98) Is the Assignee/Transferee a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	(<u>N</u>) <u>Yes</u> <u>No</u>
99a) Is the Assignee/Transferee directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country?	(<u>N</u>) <u>Yes</u> <u>No</u>
99b) If 99a is 'Y', has the Assignee/Transferee received a ruling(s) under Section 310(b)(4) of the Communications Act with respect to the same radio service(s) and geographic coverage area(s) involved in this application? If 99b is 'N', attach a date-stamped copy of a request for a foreign ownership ruling pursuant to Section 310(b)(4) of the Communications Act.	() <u>Yes</u> <u>No</u>

Basic Qualification Information

100) Has the Assignee/Transferee or any party to this application had any FCC station authorization, license or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission?	(<u>N</u>) <u>Yes</u> <u>No</u>
101) Has the Assignee/Transferee or any party to this application, or any party directly or indirectly controlling the Assignee/Transferee ever been convicted of a felony by any state or federal court?	(<u>N</u>) <u>Yes</u> <u>No</u>
102) Has any court finally adjudged the Assignee/Transferee, or any party directly or indirectly controlling the Assignee/Transferee guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition?	(<u>N</u>) <u>Yes</u> <u>No</u>

Assignor/Transferor Certification Statements

- 1) The Assignor/Transferor certifies either that (1) the authorization will not be assigned or that control of the license(s) will not be transferred until the consent of the Federal Communications Commission has been given, or (2) prior Commission consent is not required because the transaction is subject to streamlined notification procedures for *pro forma* assignments and transfers by telecommunications carriers. See Section 1.948(c) (1) of the Commission's Rules.
- 2) The Assignor/Transferor certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
- 3) The Assignor/Transferor certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

Typed or Printed Name of Party Authorized to Sign

103) First Name: Everett	MI: R	Last Name: Dobson	Suffix:
104) Title: Pres. of Sole GP of Dobson CC LP			
Signature: Everett R Dobson			105) Date: 07/13/2007
FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.			
WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).			

Assignee/Transferee Certification Statements

1)	The Assignee/Transferee certifies either that (1) the authorization(s) will not be assigned or that control of the license(s) will not be transferred until the consent of the Federal Communications Commission has been given, or (2) prior Commission consent is not required because the transaction is subject to streamlined notification procedures for <i>pro forma</i> assignments and transfers by telecommunications carriers. See Section 1.948(c)(1) of the Commission's Rules.
2)	The Assignee/Transferee waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application.
3)	The Assignee/Transferee certifies that grant of this application would not cause the Assignee or Transferee to be in violation of any pertinent cross-ownership or attribution rules.* *If the Assignee/Transferee has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
4)	The Assignee/Transferee agrees to assume all obligations and abide by all conditions imposed on the Assignor/Transferor under the subject authorization(s), unless the Federal Communications Commission pursuant to a request made herein otherwise allows, except for liability for any act done by, or any right accrued by, or any suit or proceeding had or commenced against the Assignor/Transferor prior to this assignment/transfer.
5)	The Assignee/Transferee certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
6)	The Assignee/Transferee certifies that neither it nor any other party to the application is subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. See Section 1.2002(b) of the Commission's Rules for the definition of "party to the application" as used in this certification.
7)	The Assignee/Transferee certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

Typed or Printed Name of Party Authorized to Sign

106) First Name: William	MI: R	Last Name: Drexel	Suffix:
107) Title: Sr. VP & Assistant General Counsel			
Signature: William R Drexel			108) Date: 07/13/2007
FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.			
WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).			

Authorizations To Be Assigned or Transferred

108) Call Sign	109) Radio Service Code	110) Location Number	111) Path Number (Microwave only)	112) Frequency Number	113) Lower or Center Frequency (MHz)	114) Upper Frequency (MHz)	115) Constructed Yes / No
KNKN618	CL - Cellular						Y
KNKQ415	CL - Cellular						Y
KNLF899	CW - PCS Broadband						Y
WMJ757	CF - Common Carrier Fixed Point to Point Microwave						Y
WMJ207	CF - Common Carrier Fixed Point to Point Microwave						Y
WMJ208	CF - Common Carrier Fixed Point to Point Microwave						Y
WMJ209	CF - Common Carrier Fixed Point to Point Microwave						Y
WMJ506	CF - Common Carrier Fixed Point to Point Microwave						Y
WMJ551	CF - Common Carrier Fixed Point to Point Microwave						Y
WMN529	CF - Common Carrier Fixed Point to Point Microwave						Y
WMQ683	CF - Common Carrier Fixed Point to Point Microwave						Y
WMT574	CF - Common Carrier Fixed Point to Point Microwave						Y
WMW246	CF - Common Carrier Fixed Point to Point Microwave						Y
WMW975	CF - Common Carrier Fixed Point to Point Microwave						Y
WPJF606	CF - Common Carrier Fixed Point to Point Microwave						Y
WPNE703	CF - Common Carrier Fixed Point to Point Microwave						Y
WPTB504	CW - PCS Broadband						Y
WPYS681	CW - PCS Broadband						Y

108) Call Sign	109) Radio Service Code	110) Location Number	111) Path Number (Microwave only)	112) Frequency Number	113) Lower or Center Frequency (MHz)	114) Upper Frequency (MHz)	115) Constructed Yes / No
WPYS682	CW - PCS Broadband						Y
WQCL692	CW - PCS Broadband						Y
WQCL693	CW - PCS Broadband						Y
WQCL695	CW - PCS Broadband						Y
WQDR748	CW - PCS Broadband						Y
WQEA909	CW - PCS Broadband						Y
WQEU320	CF - Common Carrier Fixed Point to Point Microwave						Y
WQEW802	CF - Common Carrier Fixed Point to Point Microwave						Y
WQFT919	CF - Common Carrier Fixed Point to Point Microwave						Y

**Schedule for Licensees that Received Bidding Credits or
Participate in the Installment Payment Plan,
or Involving Licenses Won in Closed Bidding**

For Purposes of Schedule A, Applicant is defined as the Assignee (Assignment of Authorization) or the post-transaction Licensee (Transfers of Control)

Bidding Credits

1) Have the full amount of bidding credits awarded with regard to each of the subject license(s) been paid as part of unjust enrichment payment(s) in previous transaction(s)? If the response to Item 1 is 'Yes', Item 2 is not required to be completed.	() <u>Yes</u> <u>No</u>
2) With respect to each of the subject licenses, the Applicant: () a) qualifies for the same designated entity status as the current Licensee () b) qualifies for a different designated entity status than the current Licensee () c) does not qualify for any designated entity status	

Installment Payments

3) Have all the installment payment obligations for each of the subject licenses been paid in full? If the response to Item 3 is 'Yes', Item 4 is not required to be completed.	(<u>Y</u>) <u>Yes</u> <u>No</u>
4) With respect to each of the subject licenses, the Applicant: () a) qualifies for the same eligibility status for the installment payment plan as the current Licensee () b) qualifies for a different eligibility status for the installment payment plan than the current Licensee () c) does not qualify for the installment payment plan	

Closed Bidding Licenses

5) Have construction notifications been submitted as required by the Commission's Rules for each of the subject licenses? If the response to Item 5 is 'Yes', Item 6 is not required to be completed.	() <u>Yes</u> <u>No</u>
6) With respect to each of the subject licenses, the Applicant: () a) qualifies for closed bidding () b) does not qualify for closed bidding	

7) Revenue and Asset Information for the Applicant

Purpose ((Check Modify if filing an Amendment application and changing the Revenue and Asset Information from what was provided on the original filing))

☐ Modify

**Gross Revenue Disclosure
Most Recent Reportable Year**

8a) Were the Applicant and any predecessors-in-interest in existence for a full year of the relevant period?
If 'No', explain why in an attachment.

() Yes No

If 'Yes', provide the following information.

8b) Gross Revenues \$ _____ (Format: 99,999.99)

8c) Year End Date: _____ (Date Format: MM/DD/YYYY)

One Year Prior to Most Recent Reportable Year

9a) Were the Applicant and any predecessors-in-interest in existence for a full year of the relevant period?
If 'No', explain why in an attachment.

() Yes No

If 'Yes', provide the following information.

9b) Gross Revenues \$ _____ (Format: 99,999.99)

9c) Year End Date: _____ (Date Format: MM/DD/YYYY)

Two Years Prior to Most Recent Reportable Year

10a) Were the Applicant and any predecessors-in-interest in existence for a full year of the relevant period?
If 'No', explain why in an attachment.

() Yes No

If 'Yes', provide the following information.

10b) Gross Revenues \$ _____ (Format: 99,999.99)

10c) Year End Date: _____ (Date Format: MM/DD/YYYY)

Average Gross Revenue

11) Average Gross Revenue of Reported Years: \$ _____ (Format: 99,999.99)

Asset Disclosure

12) Total Assets as of Application Filing Date: \$ _____ (Format: 99,999.99)

Financial Statements

13) Audited or Unaudited (Check One)

☐ The Applicant used audited financial statements.

☐ The Applicant used unaudited financial statements prepared in accordance with Generally Accepted Accounting Principles (GAAP) and certified by the Applicant's chief financial officer or the equivalent.

14) Revenue and Asset Information for the Disclosable Interest Holder (DIH)
Purpose (Select One)

<input type="checkbox"/> Add	<input type="checkbox"/> Modify	<input type="checkbox"/> Delete
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15) Disclosable Interest Holder

<input type="checkbox"/> Entity Name:	FCC Registration Number (FRN):		
<input type="checkbox"/> Individual Name: First	MI	Last	Suffix
FCC Registration Number (FRN):			

Gross Revenue Disclosure
Most Recent Reportable Year

16a) Were the DIH and any predecessors-in-interest in existence for a full year of the relevant period?	() Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', provide the following information:	
16b) Gross Revenues	\$ (Format: 99,999.99)
16c) Year End Date:	(Date Format: MM/DD/YYYY)

One Year Prior to Most Recent Reportable Year

17a) Were the DIH and any predecessors-in-interest in existence for a full year of the relevant period?	() Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', provide the following information:	
17b) Gross Revenues	\$ (Format: 99,999.99)
17c) Year End Date:	(Date Format: MM/DD/YYYY)

Two Years Prior to Most Recent Reportable Year

18a) Were the DIH and any predecessors-in-interest in existence for a full year of the relevant period?	() Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', provide the following information:	
18b) Gross Revenues	\$ (Format: 99,999.99)
18c) Year End Date:	(Date Format: MM/DD/YYYY)

Average Gross Revenue

19) Average Gross Revenue of Reported Years:	\$ (Format: 99,999.99)
----------------------------------------------	------------------------

Asset Disclosure

20) Total Assets as of Application Filing Date:	\$ (Format: 99,999.99)
-------------------------------------------------	------------------------

Financial Statements

21) Audited or Unaudited (Check One)	<input type="checkbox"/> The DIH used audited financial statements.	<input type="checkbox"/> The DIH used unaudited financial statements prepared in accordance with Generally Accepted Accounting Principles (GAAP) and certified by the Applicant's chief financial officer or the equivalent.
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22) Revenue and Asset Information for the Affiliate Purpose (Select One)

☐ Add

☐ Modify

☐ Delete

15) Disclosable Interest Holder

☐ Entity Name:

FCC Registration Number (FRN):

☐ Individual Name: First

MI

Last

Suffix

FCC Registration Number (FRN):

**Gross Revenue Disclosure
Most Recent Reportable Year**

24a) Were the Affiliate and any predecessors-in-interest in existence for a full year of the relevant period?
If 'No', explain why in an attachment.

() Yes No

If 'Yes', provide the following information.

24b) Gross Revenues \$ (Format: 99,999.99)

24c) Year End Date: (Date Format: MM/DD/YYYY)

One Year Prior to Most Recent Reportable Year

25a) Were the Affiliate and any predecessors-in-interest in existence for a full year of the relevant period?
If 'No', explain why in an attachment.

() Yes No

If 'Yes', provide the following information.

25b) Gross Revenues \$ (Format: 99,999.99)

25c) Year End Date: (Date Format: MM/DD/YYYY)

Two Years Prior to Most Recent Reportable Year

26a) Were the Affiliate and any predecessors-in-interest in existence for a full year of the relevant period?
If 'No', explain why in an attachment.

() Yes No

If 'Yes', provide the following information.

26b) Gross Revenues \$ (Format: 99,999.99)

26c) Year End Date: (Date Format: MM/DD/YYYY)

Average Gross Revenue

27) Average Gross Revenue of Reported Years: \$ (Format: 99,999.99)

Asset Disclosure

28) Total Assets as of Application Filing Date: \$ (Format: 99,999.99)

Financial Statements

29) Audited or Unaudited (Check One)

☐ The Affiliate used audited financial statements.

☐ The Affiliate used unaudited financial statements prepared in accordance with Generally Accepted Accounting Principles (GAAP) and certified by the Applicant's chief financial officer or the equivalent.

Closed Bidding/Designated Entity Eligibility
Total Gross Revenues for Most Recent Reportable Year

30a) Gross Revenues: \$ _____ (Format: 99,999.99)
30b) Year End Date: _____ (Date Format: MM/DD/YYYY)

Total Gross Revenues for One Year Prior to Most Recent Reportable Year

31a) Gross Revenues: \$ _____ (Format: 99,999.99)
31b) Year End Date: _____ (Date Format: MM/DD/YYYY)

Total Gross Revenues for Two Years Prior to Most Recent Reportable Year

32a) Gross Revenues: \$ _____ (Format: 99,999.99)
32b) Year End Date: _____ (Date Format: MM/DD/YYYY)

Total Aggregate Average Gross Revenues for Designated Entity

33) Aggregate Average Gross Revenue: \$ _____ (Format: 99,999.99)

Total Aggregate Average Gross Revenues for Closed Bidding

34) Aggregate Average Gross Revenue: \$ _____ (Format: 99999.99)

Total Assets Disclosure for Closed Bidding

35) Total Assets: \$ _____ (Format: 99,999.99)

Attachment(s):

Type	Description	Date Entered
O	<u>Exhibits 1-3: Cross-Reference to Lead Application</u>	07/12/2007

Lead Application Information

This Application is one of a group of filings in connection with the merger of Dobson Communications Corporation and AT&T Inc. The Applicants have designated the transfer of control application filed for Alton CellTelCo Partnership, File No. 0003092368 (lead call sign KNKA611), as the lead application for the wireless radio services for the transaction. Accordingly, the Applicants hereby incorporate by reference Exhibits 1-3 of the lead application.